



Pizza Delivery Insurance Questionnaire

1. Insured Name: _____ DBA: _____
(Exact Name of Legal Entity)
2. Mailing Address: _____ Zip Code: _____
3. Website Address: _____
4. Contact Name: _____ Telephone #: _____ Cell Phone #: _____
Fax #: _____ Email: _____
5. Federal Employer ID #: _____ State Employer ID#: _____
Partnership Sole Proprietor Corporation LLC Other, please describe: _____
6. Number of Pizza Restaurants Owned By You: _____ Franchise Yes or No? _____
Numbers of Employees: _____ Years Business Started: _____ (If Under 3 Years, Provide Owner's
Resume of Prior Restaurants Management Experience)
7. Address of Restaurant Locations: _____ City, State & Zip Code _____ County _____
- (Loc. #1) _____
- (Loc. #2) _____
- (Loc. #3) _____
- (Loc. #4) _____
- List Address of Any Separate Offices/Warehouse Where Coverage is Needed: _____
- _____
- (Attach separate sheet if more than 4 locations)
8. Desired Effective Date: _____

Current Coverage	Carrier Name	Limits		Premium
Business Owners Policy/Package		\$1M/\$2M	\$2M/\$4M	
Non-Owned Auto				

Location Information	Loc. #1	Loc. #2	Loc. #3	Loc. #4
Food & Beverage Sales (Not Including Delivery)				
Alcohol Sales				
Catering Sales				
Delivery Sales				
Total Annual Sales				
If Own Building, What is Building Replacement Cost, Including Attached Signs				
Replacement Cost of Business Personal Property				
Replacement Cost of Leasehold Improvements				
Square Footage of Restaurant				
Estimated Sq. Ft. of Other Tenants In Building				



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Location Information	Loc. #1	Loc. #2	Loc. #3	Loc. #4
Estimated Total Square Footage of Building				
What % of Building is Vacant (If Any)				
Building Construction (F = Frame, JM = Joisted Masonry, NC = Non Combustible, NMC = Masonry Non Combustible, MFR = Modified Fire Resistive, or FR = Fire Resistive)	F JM NC MNC NFR FR	F JM NC MNC NFR FR	F JM NC MNC NFR FR	F JM NC MNC NFR FR
Number of Stories				
Building Age (Year Built)				
If Built More Than 25 Years Ago, Indicate Year Electrical, Plumbing, Roofing Updated:				
Is Restaurant Sprinkled?	Yes No	Yes No	Yes No	Yes No
Do You Have A Burglar/Fire Alarm?	Burglar Fire Alarm	Burglar Fire Alarm	Burglar Fire Alarm	Burglar Fire Alarm
Is Alarm Local or Central Station?	Burglar Fire Alarm	Burglar Fire Alarm	Burglar Fire Alarm	Burglar Fire Alarm
Hours of Operation				
Hours of Delivery				
Is Restaurant in Strip Mall or Free Standing?	Strip Mall Free Standing	Strip Mall Free Standing	Strip Mall Free Standing	Strip Mall Free Standing
Do You Have a Backup Power Source?	Yes No	Yes No	Yes No	Yes No
Is There a Habitational Exposure Within the Building (Apartments/Condo)?	Yes No	Yes No	Yes No	Yes No

Grease Laden Frying/Grilling

9. Is there any frying, grilling, broiling, barbequing or other cooking that produces grease laden vapors? Yes No
- If Yes, Answer the Following:
- A. What percent of your gross annual receipts comes from this exposure? _____%
 - B. Are the Hoods, Ductwork and Flues cleaned by an outside service at least quarter? Yes No
 - C. Is there A UL 300 fixed Extinguishing System with automatic fuel cutoff protecting all cooking surfaces? Yes No
 - D. Is the Extinguishing System serviced at least on a semi-annual basis by a Licensed Contractor? Yes No
 - E. How often are exhaust filter cleaned? Daily Weekly As Needed, More Frequently than Weekly
Less Frequently than Weekly



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Liquor Liability

10. Do You Sell Alcohol? Yes No

If Yes, Answer the Following:

- A. Do you provide "Happy Hours" or reduced price drink specials? Yes No
- B. Is food serviced when alcohol is being served? Yes No
- C. Do you allow take-out/delivery of alcohol? Yes No If Yes, Describe:
- D. Do you have written guidelines for selling alcohol, including non-service to minors and obviously intoxicated persons? Yes No
- E. Are all servers certified in a formal alcohol training course (e.g. tips, tam, ramp, etc.)? Yes No
- F. Do you have any prior liquor control violations, or been investigated or cited by any regulatory agencies in the last 5 years? Yes No

Driving Details

Do you have a DMV report on file every 6 months with no major violation in the past 5 years?

Do you have an Address verification system or call back verification?

Do you have a Distracted Driver policy implemented & enforced?

Delivery

10. Do You Deliver Pizza? Yes No

If Yes, Answer the Following:

- A. Do you have a "30 Minute Guarantee" or similar? Yes No
- B. Is any delivery done by other than automobile? Yes No If Yes, Describe: _____
- C. Are any of your delivery drivers independent contractors (1099)? Yes No
- D. Delivery radius? _____
- E. Are there any independent delivery (food delivery services, Uber, Lyft, etc)? Yes No

Owned Auto

11. Do you have any company owned vehicles? Yes No

If Yes, Answer the Following:

How many company-owned vehicles used in delivery? _____

Other

12. Does any location have children's play areas, game room, live entertainment, dance floor, gambling, tableside cooking, or banquet facilities? Yes No If yes, please describe on the last page.

13. Do you hold any special events at any location? Yes No If yes, please describe on the last page.

14. Do you offer catering services? Yes No If yes, please describe on the last page, including whether alcohol is served as part of the catering services.

15. Are any of your locations open only seasonally? Yes No

16. Do you sponsor any professional sports teams? Yes No

17. Any bankruptcies, tax or credit liens against you in the past 5 years? Yes No

18. Have you been closed by the board of health in the past 3 years? Yes No



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Loss History

19. Please attached current valued loss runs for last 5 years (or if open less than 5 years, for all years of operation).

20. Have there been any visible signs of sinkhole activity, damage or claims at any location? Yes No

21. Have you been involved in any employment practices claims (such as allegations of discrimination, sexual harassment, wrongful termination, etc.), regardless of whether there was any payment or not, or do you have knowledge of any situation(s) that could produce an employment practices claim? Yes No

Driver Information

Check if driver list is separately attached.

Driver	Name	Date of Birth	License #	State of Issuance
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Additional Information

LOSS INFORMATION REQUIRED = Please attach current loss runs for last five years.

1. 5 years Loss Runs for Restaurant Liability

Current Insurance Carrier: _____ Expiration Date: _____



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Wage and Turnover Details:

Average hourly wage of drivers:

Average hourly wage of cooks:

Annual Turnover Rate *(divide the number of voluntary separations during the year by the average number of employees during the year and multiply by 100.):*

Benefit Details:

Please check if following provided:

Paid Sick Leave: Paid Vacation:

Subsidized Health Insurance:

Health/Wellness Program/EAP:

401k/Retirement Plan:

Drug Testing Details:

Please check if following provided:

Pre-employment screening:

Post-Accident screening:

Random Screening:

Safety Program:

Written safety plan:

Regular meetings between staff and management:

Accident Investigation Return to Work Program:

Signature of Applicant: _____

Date: _____

Please return completed forms to Stan Sanchez at stan.sanchez@epicbrokers.com or fax to 925.867.3421

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